

St John's Medical Practice

Inspection report

39 St John's Hill

Sevenoaks

TN13 3NT

Tel:

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location	Requires Improvement	
Are services safe?	Requires Improvement	
Are services effective?	Requires Improvement	
Are services caring?	Good	
Are services responsive to people's needs?	Requires Improvement	
Are services well-led?	Requires Improvement	

Overall summary

We carried out an announced inspection at St John's Medical Practice between 7-11 July 2022. Overall, the practice is rated as Requires Improvement.

Set out the ratings for each key question

Safe - Requires Improvement

Effective – Requires Improvement

Caring - Good

Responsive – Requires Improvement

Well-led – Requires Improvement

Following our previous inspection on 23 August 2016, the practice was rated Good overall but Requires Improvement for providing safe services.

We carried out a desk-based review on 11 January 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified at the inspection on 23 August 2016. We found that significant improvements had been made by the practice and the practice was therefore rated as Good for providing safe services.

The full reports for previous inspections can be found by selecting the 'all reports' link for St John's Medical Practice on our website at www.cqc.org.uk

Why we carried out this inspection

This was an announced comprehensive inspection to provide the practice with an up to date rating.

How we carried out the inspection

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, we have conducted our inspections differently.

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site. This was with consent from the provider and in line with all data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit

Overall summary

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We have rated this practice as Requires Improvement overall

We found that:

- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- The provider was aware of published performance data for childhood immunisation uptake rates and was continuing to take action to improve uptake.
- The provider was aware of published performance data for cervical cancer screening and was continuing to take action to improve uptake.
- The practice always obtained consent to care and treatment in line with legislation and guidance.
- Staff had the information they needed to deliver safe care and treatment.
- The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- Complaints were listened to and responded to and used to improve the quality of care.

We rated the practice as Requires Improvement for providing safe services because:

- Improvements were required to the systems, practices and processes to ensure that people were kept safe.
- The practice's system to learn and make improvements was not always effective.
- The arrangements for managing medicines did not always keep patients safe.
- Improvements were required to infection prevention and control systems and processes.

We rated the practice as Requires Improvement for providing effective services because:

- Patients needs were assessed but care and treatment was not always delivered in line with current legislation, standards and evidence based guidance.
- Performance for some childhood immunisations and some cancer screening required improvement.
- Clinical audit activity was limited and did not demonstrate improvement to quality and safety.
- Not all staff were up to date with essential training.
- Staff had some skills, knowledge and experience to carry out their roles. However, improvements were required.

We rated the practice as Requires Improvement for providing responsive services because:

- Patient feedback, including information CQC had received and the latest National GP Patient Survey results showed that the practice was performing lower than local and national averages for several indicators regarding access to the practice.

Overall summary

- People were not always able to access care and treatment in a timely way.

We rated the practice as Requires Improvement for providing well-led services because:

- Processes for managing risks, issues and performance required improvement.

We found two breaches of regulations. The provider **must**:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC lead inspector and a CQC inspection manager; who spoke with staff using video conferencing facilities and undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to St John's Medical Practice

St Johns Medical Practice is located at 39 St John's Hill, Sevenoaks, Kent TN13 3NT.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, treatment of disease, disorder or injury and surgical procedures and family planning.

The practice is situated within the Kent and Medway Clinical Commissioning Group (CCG) and delivers General Medical Services (**GMS**) to a patient population of about 9014. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices, Sevenoaks Primary Care Network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the highest decile (10 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 95.3% White, 2.5% Asian, 1.7% Mixed, 0.3% Black and 0.2% Other.

The age distribution of the practice population closely mirrors the local and national averages.

The practice is led by two partner GPs (female) who are supported by two long-term locum GPs (one male, one female) employed directly by the practice. The practice has a team of two nurses (female) who provide nurse led clinics for long-term conditions. The GPs are supported at the practice by a practice manager and a team of reception/administration staff.

The practice is open between 8am to 6.30pm on Monday, Thursday and Friday, and between 8am to 8pm on Tuesday and Wednesday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by the PCN, where late evening and weekend appointments are available. Out of hours services are provided by NHS 111 and Integrated Care 24 (IC24). NHS 111 and IC24 deal with urgent care problems when GP surgeries are closed.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes did not enable the registered person to;</p> <p>Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. In particular:</p> <ul style="list-style-type: none">• Some processes to manage current and future performance were not sufficiently effective.• Improvements to care and treatment were required for some types of patient reviews as well as subsequent follow-up activities.• Improvements were also required to performance relating to some child immunisations and some cancer indicators.• Clinical audit was limited to single-cycle audits.• Improvements to patient satisfaction scores regarding access to services were required. <p>Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. In particular:</p> <ul style="list-style-type: none">• The provider was unable to demonstrate their processes and systems were effective in the management of risks from: management of all staff recruitment, including disclosure and barring service checks and references from previous employers, staff vaccination recording and staff training; all identifiable fire safety risks; management of all identifiable risks from legionella; all identifiable infection prevention and control risks; management of risks from some staff absences; management of all incoming

This section is primarily information for the provider

Requirement notices

correspondence and test results; management of the prescribing of some high-risk medicines; management of some significant events; and management of safety alerts.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Diagnostic and screening procedures
Family planning services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular:

- Not all staff were up to date with essential training. For example: fire safety training, infection prevention and control training, basic life support training, Mental Capacity Act training, and equality and diversity training.

This was in breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.